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Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: March 29, 2021 Ending Date: May 10, 2021

Type of Report: (Check one)

☐ 90th day preceding preliminary ☐ 90th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

Kelda Fontenot

(Candidate Full Name (if applicable))

Arlington Housing Authority

Office Sought and District

43 Allen St., Apt 2-A, Arlington, MA 02474

Residential Address

E-mail: keldafontenot@gmail.com

Phone # (optional):

Campaign to Elect Kelda Fontenot

(Committee Name)

Elizabeth Gray

Name of Committee Treasurer

130 Jason St., Arlington, MA 02476

Committee Mailing Address

E-mail: elizabethgray7@gmail.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

3533.18

Line 2: Total receipts this period (page 3, line 11)

777.84

Line 3: Subtotal (line 1 plus line 2)

4311.02

Line 4: Total expenditures this period (page 5, line 14)

4207.11

Line 5: Ending Balance (line 3 minus line 4)

103.91

Line 6: Total in-kind contributions this period (page 6)

0.00

Line 7: Total (all) outstanding liabilities (page 7)

0.00

Line 8: Name of bank(s) used: Leader Bank

Affidavit of Committee Treasurer

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature]

(Treasurer's signature)

Date: 5-10-21

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate (check 1 box only)

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature]

(Candidate's signature)

Date: 5/10/21

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/29/21	Bungamer, Erin 8 Palmer St., Arlington, MA 02474	\$0.00	
3/29/21	Johnson, Claire 84 Wright St., Arlington, MA 02474	200	Tutor Self-employed
3/29/21	Hraz, Sarah 66 Chandler St., Arlington, MA 02474	\$0.00	
3/30/21	Martyn, Lynette 18 Rustis St., Arlington, MA 02476	127.64	
3/31/21	Culverhouse, Lynette 24 Draper Ave., Arlington, MA 02474	\$0.00	
3/31/21	Gruber, Rebecca 215 Pleasant St., Arlington, MA 02476	\$0.00	
3/31/21	Montejo, Sandra 191 Park Ave., Arlington, MA 02476	\$0.00	
3/31/21	Songja, Ralene 13 Mary St., Arlington, MA 02474	\$0.00	
4/1/21	Collins, Laurel 6 Hurroe St., Woburn, MA 01891	25.00	
4/1/21	Steinert, Rebecca 33 Cleveland St., Arlington, MA 02474	\$0.00	
4/1/21	McCabe, Susan 22 Russell St., Arlington, MA 02474	\$0.00	
4/7/21	Hartman, Susan 271 Mass. Ave., Arlington, MA 02474	15.00	
Line 9: Total Receipts over \$50 (or listed above)		777.64	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		777.64	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

14 (A) Schedule B: Expenditures" attachment is available to complete, print and attach to this report. If additional pages are required to report all expenditures, please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/17/21	Cornelly Printing	178 Gail St. Woburn, MA 01801	2nd Post Card Mailer	\$632.49
4/2/21	Cornelly Printing	178 Gail St. Woburn, MA 01801	Kids color flyers	\$73.75
4/16/21	Elizabeth Gray	130 Jason St., Arlington, MA 02476	Rearrangement for yard sign metal stakes & fabric sheet protectors	\$66.90
Line 12: Total Expenditures over \$50 (or listed above)				4367.11
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				4367.11

* If you have insured expenditures of \$50 and under, include them in line 12. Line 13 should exclude only those expenditures not insured.